

and a relatively normal BMI. Whether glucosamine would be as effective or as safe in patients with higher BMIs is currently unknown. The evidence of effectiveness only extends for three years. It is also unclear whether the long-term structure-modifying effects of glucosamine will translate into more 'real' outcomes such as reduced functional decline or a delayed requirement for total knee replacement surgery. Despite these reservations, it would be reasonable to recommend a trial of glucosamine sulphate for the majority of patients with osteoarthritis of the knee, particularly early in the disease when you would normally consider paracetamol or NSAIDs. Prescribers need to advise patients to expect a latency of a month or two between onset of treatment and symptomatic response. Continuing analgesic therapy may be needed during this period. Caution should be exercised in the use of glucosamine in patients with diabetes mellitus.

References

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Conflict of interest: none declared

Self-test questions

The following statements are either true or false (answers on page 79)

1. The benefits of glucosamine are limited to patients with severe osteoarthritis of the knee.
2. Glucosamine has no effect on the radiological progression of osteoarthritis of the knee.

Web site review

AdWatch web site

www.healthyskepticism.org/adwatch.asp

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Healthy Skepticism was originally established in Australia in 1982 as the Medical Lobby for Appropriate Marketing (MaLAM). The organisation maintains a web site containing an excellent (and growing) collection of material about the techniques and impact of pharmaceutical promotion.

AdWatch is a new service established by Healthy Skepticism. It aims to critique particular pharmaceutical advertisements, focusing on both the promotional techniques and the information content. AdWatch comments on how well the claims made by the advertisement fit with the evidence and independent expert opinion. The analysis concludes by making general recommendations about the use of the drug promoted. A feedback form is provided for comments on the analysis.

Nexium (esomeprazole) from AstraZeneca was the first advertisement critiqued by AdWatch, in October 2003. Respondents' feedback was published in December 2003.

AdWatch has just commenced and inevitably there is room for improvement. The site could be improved by better linkage of

its materials. In particular, the home page, 'Welcome to AdWatch', lacks the links to 'Introduction' contained on subsequent pages which explain the background to AdWatch. In addition, the home and subsequent pages lacked a link to 'Feedback about the AdWatch prototype' (found on the site map) which had useful correspondence with AstraZeneca staff about the prototype Nexium critique. I suggest that every AdWatch critique should offer the pharmaceutical company involved a space for their response, even if this may not always be forthcoming. AdWatch would provide additional value if it was linked to the National Prescribing Service (NPS) information service (RADAR) about drugs newly listed on the Pharmaceutical Benefits Scheme (PBS).¹

Conclusion

Given the money spent on pharmaceutical promotion and its proven ability to influence drug use, AdWatch (and Healthy Skepticism) provide a unique and valuable corrective service. AdWatch is free and should be part of all health practitioners' continuing education strategies. The NPS should at least add AdWatch to the list of useful links on its web site.

Reference

1. <http://www.npsradar.org.au>